ROCK COUNTY HEALTH CARE CENTER - FDD

P.O. BOX 351

JANESVILLE 53547 Phone: (608) 757-5000 Ownership: County
Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: FDDs
Operate in Conjunction with Hospital? No Operate in Conjunction with CBRF? No
Number of Beds Set Up and Staffed (12/31/02): 24 Title 18 (Medicare) Certified? No
Total Licensed Bed Capacity (12/31/02): 24 Title 19 (Medicaid) Certified? Yes
Number of Residents on 12/31/02: 23 Average Daily Census: 25

Services Provided to Non-Residents | Age, Sex, and Primary Diagnosis of Residents (12/31/02) | Length of Stay (12/31/02) % Home Health Care Supp. Home Care-Personal Care Supp. Home Care-Household Services No | Developmental Disabilities 100.0 | Under 65 78.3 | More Than 4 Years No | Mental Illness (Org./Psy) 0.0 | 65 - 74 8.7 | Day Services Respite Care 0.0 |******************* Adult Day Care 0.0 | Full-Time Equivalent No | Para-, Quadra-, Hemiplegic 0.0 | 95 & Over Adult Day Health Care ---- | Nursing Staff per 100 Residents Congregate Meals No | Cancer 0.0 | No | Fractures 0.0 100.0 | (12/31/02) Home Delivered Meals ---- | Mentally Ill ---- | Female 34.8 | Provide Day Programming for 100.0 I Developmentally Disabled Yes| 100.0 | ******************

Method of Reimbursement

	Medicare (Title 18)				Medicaid (Title 19)		Other			Private Pay		Family Care			Managed Care					
Level of Care	No.	o _l o	Per Diem (\$)	No.	90	Per Diem (\$)	No.	%	Per Diem (\$)	No.	୧	Per Diem (\$)	No.	୧	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				23	100.0	167	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	23	100.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		23	100.0		0	0.0		0	0.0		0	0.0		0	0.0		23	100.0

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************************* % Needing Total Percent Admissions from: Number of Residents 2.3 2.3 2.3 Other Locations Total Number of Admissions

Percent Discharges To:

Private Home/No Home Health
Private Home/No Home Health
Private Home/With Home Health
O.0 | Occ/Freq. Incontinent of Bladder
Other Nursing Homes
Acute Care Hospitals
Psych. Hosp.-MR/DD Facilities
Physically Restrained

Special Treatments
Receiving Respiratory Care
A. Receiving Tracheostomy Care
Receiving Suctioning
Receiving Ostomy Care
A. Receiving Tube Feeding
Receiving Tube Feeding
Receiving Tube Feeding
Receiving Tube Feeding
Receiving Mechanically Altered Diets
Special Treatments
Receiving Respiratory Care
A. Receiving Tracheostomy Care
Receiving Ostomy Care
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Receiving Mechanically Altered Diets
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Receiving Respiratory Care
A. Receiving Suctioning
Receiving Ostomy Care
A. Receiving Tube Feeding
Receiving Tube Feeding
Receiving Tube Feeding
Receiving Mechanically Altered Diets Rehabilitation Hospitals 0.0 70.0 | Skin Care Other Locations Other Resident Characteristics 0.0 Have Advan 4.3 Medications Deaths 10.0 | With Pressure Sores Have Advance Directives 21.7 Total Number of Discharges | With Rashes (Including Deaths) 10 | Receiving Psychoactive Drugs 65.2

	This		DD	į		
	Facility	Fac	cilities		ilties	
	% 	% 	Ratio	% 	Ratio 	
Occupancy Rate: Average Daily Census/Licensed Beds	89.6	83.9	1.07	85.1	1.05	
Current Residents from In-County	95.7	38.2	2.51	76.6	1.25	
Admissions from In-County, Still Residing	50.0	18.5	2.70	20.3	2.46	
Admissions/Average Daily Census	8.0	20.3	0.39	133.4	0.06	
Discharges/Average Daily Census	40.0	23.6	1.70	135.3	0.30	
Discharges To Private Residence/Average Daily Census	0.0	9.8	0.00	56.6	0.00	
Residents Receiving Skilled Care	0.0	0.0	0.00	86.3	0.00	
Residents Aged 65 and Older	21.7	15.3	1.42	87.7	0.25	
Title 19 (Medicaid) Funded Residents	100.0	99.2	1.01	67.5	1.48	
Private Pay Funded Residents	0.0	0.6	0.00	21.0	0.00	
Developmentally Disabled Residents	100.0	99.5	1.00	7.1	14.08	
Mentally Ill Residents	0.0	0.4	0.00	33.3	0.00	
General Medical Service Residents	0.0	0.1	0.00	20.5	0.00	
<pre>Impaired ADL (Mean) *</pre>	50.4	54.0	0.93	49.3	1.02	
Psychological Problems	65.2	48.2	1.35	54.0	1.21	
Nursing Care Required (Mean) *	9.8	11.3	0.86	7.2	1.36	